

115TH CONGRESS  
1ST SESSION

# S. 957

To amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

APRIL 27, 2017

Mrs. SHAHEEN (for herself, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. COONS, Ms. CORTEZ MASTO, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HIRONO, Ms. KLOBUCHAR, Mr. MARKEY, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mrs. MURRAY, Mr. REED, Mr. SANDERS, Ms. STABENOW, Mr. TESTER, Mr. VAN HOLLEN, Ms. WARREN, Mr. WHITEHOUSE, Mr. WYDEN, Mr. Kaine, and Mr. PETERS) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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## A BILL

To amend title 10, United States Code, to ensure that women members of the Armed Forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the Armed Forces, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1   **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Access to Contracep-  
3   tion for Women Servicemembers and Dependents Act of  
4   2017”.

5   **SEC. 2. FINDINGS.**

6       Congress makes the following findings:

7           (1) Women are serving in the Armed Forces at  
8   increasing rates, playing a critical role in the na-  
9   tional security of the United States. Women com-  
10   prise just over 15 percent of military service mem-  
11   bers and more than 200,000 women serve on active  
12   duty in the Armed Forces or in the Selected Re-  
13   serve.

14          (2) More than 95 percent of women serving in  
15   the military are of reproductive age. And approxi-  
16   mately 1,100,000 female spouses and dependents of  
17   active duty military personnel are of reproductive  
18   age.

19          (3) TRICARE covered approximately 1,400,000  
20   women of reproductive age in 2015, including female  
21   spouses and dependents of active duty military per-  
22   sonnel. For approximately 900,000 of these women,  
23   TRICARE was their only source of coverage.

24          (4) Contraception is critical for women’s health  
25   and is highly effective at reducing unintended preg-  
26   nancy. The Centers for Disease Control and Preven-

1       tion describe contraception as one of the 10 greatest  
2       public health achievements of the twentieth century.

3                 (5) Contraceptive access is strongly connected  
4       to women's greater educational and professional op-  
5       portunities and increased lifetime earnings. In-  
6       creased wages and increased control over reproduc-  
7       tive decisions provide women with educational and  
8       professional opportunities that have increased gen-  
9       der equality over the decades since contraception  
10      was introduced.

11                (6) Studies have shown that when cost barriers  
12      to the full range of methods of contraception are  
13      eliminated, and women receive comprehensive coun-  
14      seling on the various methods of contraception (in-  
15      cluding highly effective and more expensive Long-  
16      Acting Reversible Contraceptives (LARCs)), rates of  
17      unintended pregnancy decline. Costs can be prohibi-  
18      tive, particularly for LARCs which can have high  
19      upfront costs.

20                (7) Research has also shown that investments  
21      in effective contraception save public and private  
22      dollars.

23                (8) In order to fill gaps in coverage and access  
24      to preventive care critical for women's health, the  
25      Affordable Care Act (ACA) requires all non-grand-

1           fathered individual and group health plans to cover  
2           without cost-sharing preventive services, including a  
3           set of evidence-based preventive services for women  
4           supported by the Health Resources and Services Ad-  
5           ministration (HRSA). These women's preventive  
6           services include the full range of female-controlled  
7           U.S. Food and Drug Administration-approved con-  
8           traceptive methods, effective family planning prac-  
9           tices, and sterilization procedures. HRSA has af-  
10          firmed that contraceptive care includes contraceptive  
11          counseling, initiation of contraceptive use, and fol-  
12          low-up care (e.g., management, and evaluation as  
13          well as changes to and removal or discontinuation of  
14          the contraceptive method).

15           (9) Under the TRICARE program, service-  
16          women on active duty have full coverage of all pre-  
17          scription drugs, including contraception, without  
18          cost-sharing requirements. However, servicewomen  
19          not on active duty and female dependents of mem-  
20          bers of the Armed Forces do not have similar cov-  
21          erage of all prescription methods of contraception  
22          approved by the Food and Drug Administration  
23          without cost-sharing.

24           (10) Studies indicate that servicewomen need  
25          comprehensive counseling for pregnancy prevention,

1       particularly in their predeployment preparations,  
2       and the lack thereof is contributing to unintended  
3       pregnancies among servicewomen.

4                 (11) Research studies based on the Department  
5       of Defense Survey of Health Related Behaviors  
6       Among Active Duty Military Personnel found a high  
7       unintended rate of pregnancy among servicewomen.  
8       Adjusting for the difference between age distribu-  
9       tions in the Armed Forces and the general popu-  
10      lation, the rate of unintended pregnancy among  
11      servicewomen is higher than among the general pop-  
12      ulation.

13                 (12) The Defense Advisory Committee on  
14       Women in the Services (DACOWITS) has rec-  
15       ommended that all the Armed Forces, to the extent  
16       that they have not already, implement initiatives  
17       that inform servicemembers of the importance of  
18       family planning, educate them on methods of contra-  
19       ception, and make various methods of contraception  
20       available, based on the finding that family planning  
21       can increase the overall readiness and quality of life  
22       of all members of the Armed Forces.

23                 (13) Health care, including family planning for  
24       survivors of sexual assault in the Armed Forces is  
25       a critical issue, particularly given the prevalence of

1 sexual assault in the military. Recent data show that  
2 women in the military are five times more likely to  
3 be victims of sexual assault than men. Servicewomen  
4 who are survivors of sexual assault should not be  
5 treated differently from civilian survivors. The De-  
6 partment of Defense reported that there were more  
7 than 3,000 reported sexual assaults involving service  
8 members in fiscal year 2011.

9 (14) Servicewomen on active duty report rates  
10 of unwanted sexual contact at approximately 16  
11 times those of the comparable general population of  
12 women in the United States. Through regulations,  
13 the Department of Defense already supports a policy  
14 of ensuring that servicewomen who are sexually as-  
15 saulted have access to emergency contraception.

16 **SEC. 3. CONTRACEPTION COVERAGE PARITY UNDER THE**  
17 **TRICARE PROGRAM.**

18 (a) IN GENERAL.—Section 1074d of title 10, United  
19 States Code, is amended—

20 (1) in subsection (a)—

21 (A) in the subsection heading, by inserting  
22 “FOR MEMBERS AND FORMER MEMBERS” after  
23 “SERVICES AVAILABLE”; and

24 (B) in paragraph (1), by striking “sub-  
25 section (b)” and inserting “subsection (d);”

1                             (2) by redesignating subsection (b) as sub-  
2                             section (d); and

3                             (3) by inserting after subsection (a) the fol-  
4                             lowing new subsections:

5                 “(b) CARE RELATED TO PREVENTION OF PREG-  
6 NANCY.—Female covered beneficiaries shall be entitled to  
7 care related to the prevention of pregnancy described in  
8 subsection (d)(3).

9                 “(c) PROHIBITION ON COST-SHARING FOR CERTAIN  
10 SERVICES.—Notwithstanding section 1074g(a)(6), section  
11 1075, or section 1075a of this title or any other provision  
12 of law, cost-sharing may not be imposed or collected for  
13 care related to the prevention of pregnancy provided pur-  
14 suant to subsection (a) or (b), including for any method  
15 of contraception provided, whether provided through a fa-  
16 cility of the uniformed services, the TRICARE retail phar-  
17 macy program, or the national mail-order pharmacy pro-  
18 gram.”.

19                 (b) CARE RELATED TO PREVENTION OF PREG-  
20 NANCY.—Subsection (d)(3) of such section, as redesi-  
21 ginated by subsection (a)(2), is further amended by insert-  
22 ing before the period at the end the following: “(including  
23 all methods of contraception approved by the Food and  
24 Drug Administration, contraceptive care (including with  
25 respect to insertion, removal, and follow up), sterilization

1 procedures, and patient education and counseling in con-  
2 nection therewith)’.

3 (c) CONFORMING AMENDMENT.—Section  
4 1077(a)(13) of such title is amended by striking “section  
5 1074d(b)” and inserting “section 1074d(d)”.

6 **SEC. 4. EDUCATION ON FAMILY PLANNING FOR MEMBERS**

7 **OF THE ARMED FORCES.**

8 (a) EDUCATION PROGRAMS.—

9 (1) IN GENERAL.—Not later than one year  
10 after the date of the enactment of this Act, the Sec-  
11 retary of Defense shall establish a uniform standard  
12 curriculum that will be used in education programs  
13 on family planning for all members of the Armed  
14 Forces, including both men and women members.

15 (2) SENSE OF CONGRESS.—It is the sense of  
16 Congress that the education programs described in  
17 paragraph (1) should use the latest technology avail-  
18 able to efficiently and effectively deliver information  
19 to members of the Armed Forces.

20 (b) ELEMENTS.—The uniform standard curriculum  
21 established under subsection (a) shall include the fol-  
22 lowing:

23 (1) Information for members of the Armed  
24 Forces on active duty to make informed decisions re-  
25 garding family planning.

1                             (2) Information about the prevention of unin-  
2                             tended pregnancy and sexually transmitted infec-  
3                             tions, including human immunodeficiency virus.

4                             (3) Information on the importance of providing  
5                             comprehensive family planning for members of the  
6                             Armed Forces and their commanding officers and on  
7                             the positive impact family planning can have on the  
8                             health and readiness of the Armed Forces.

9                             (4) Current, medically accurate information.

10                           (5) Clear, user-friendly information on the full  
11                             range of methods of contraception and where mem-  
12                             bers of the Armed Forces can access their chosen  
13                             method of contraception.

14                           (6) Information on all applicable laws and poli-  
15                             cies so that members of the Armed Forces are in-  
16                             formed of their rights and obligations.

17                           (7) Information on patients' rights to confiden-  
18                             tiality.

19                           (8) Information on the unique circumstances  
20                             encountered by members of the Armed Forces, and  
21                             the effects of such circumstances on the use of con-  
22                             traception.

1   **SEC. 5. PREGNANCY PREVENTION ASSISTANCE AT MILI-**  
2                   **TARY TREATMENT FACILITIES FOR WOMEN**  
3                   **WHO ARE SEXUAL ASSAULT SURVIVORS.**

4       (a) PURPOSE.—The purpose of this section is to pro-  
5 vide in statute, and to enhance, existing regulations that  
6 require health care providers at military treatment facili-  
7 ties to consult with survivors of sexual assault once clini-  
8 cally stable regarding options for emergency contraception  
9 and any necessary follow-up care, including the provision  
10 of emergency contraception.

11     (b) IN GENERAL.—The assistance specified in sub-  
12 section (c) shall be provided at every military treatment  
13 facility to the following:

14           (1) Any woman who presents at a military  
15 treatment facility and states to personnel of the fa-  
16 cility that she is a victim of sexual assault or is ac-  
17 companied by another individual who states that the  
18 woman is a victim of sexual assault.

19           (2) Any woman who presents at a military  
20 treatment facility and is reasonably believed by per-  
21 sonnel of such facility to be a survivor of sexual as-  
22 sault.

23       (c) ASSISTANCE.—

24           (1) IN GENERAL.—The assistance specified in  
25 this subsection shall include the following:

1                             (A) The prompt provision by appropriate  
2                             staff of the military treatment facility of com-  
3                             prehensive, medically and factually accurate,  
4                             and unbiased written and oral information  
5                             about all methods of emergency contraception  
6                             approved by the Food and Drug Administra-  
7                             tion.

8                             (B) The prompt provision by such staff of  
9                             emergency contraception to a woman upon her  
10                            request.

11                            (C) Notification to the woman of her right  
12                             to confidentiality in the receipt of care and  
13                             services pursuant to this section.

14                            (2) NATURE OF INFORMATION.—The informa-  
15                             tion provided pursuant to paragraph (1)(A) shall be  
16                             provided in language that is clear and concise, is  
17                             readily comprehensible, and meets such conditions  
18                             (including conditions regarding the provision of in-  
19                             formation in languages other than English) as the  
20                             Secretary may provide in regulations prescribed pur-  
21                             suant to this section.

